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SCHEDULE .	Α	(FEC	Form	3)
ITEMIZED R	EC	EIPTS	:	

FOR LINE NUMBER: PAGE 101 OF 533

ITEMATED DECEMBE	Use separate schedule(s) (check only one)			
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page			
	Johanne Guillinary Fage	<u> —</u> 1		
Any information copied from such Reports and Statem	ate may not be said as a life in the life	15		
or for commercial purposes, other than using the name	and address of any political committee to solicit contributions from such commit	utions		
NAME OF COMMITTEE # TO IN	committee to solicit contributions from such commi	ttee.		
NAME OF COMMITTEE (In Full)				
Cory Booker for Senate				
Full Name (Last, First, Middle Initial)				
Jack C. Bendheim				
A. ————	Date of Receipt			
Mailing Address 300 Frank W Burr Blvd	(
Ste 21	06 30 30 30 30 30 30 30 30 30 30 30 30 30	7		
City	Zip Code			
Teaneck	07666-6712 Transaction ID : C9114796			
FEC ID number of contributing				
federal political committee.	Amount of Each Receipt this Period			
isasiai pointeal committee.				
Name of Employer Occu	2600.0	الي		
Phibro Animal Health Corp. Execu	<u> </u>	الب		
Popoint Fore 2014				
Liect	n Cycle-to-Date			
Other (specify)	7600.00			
Full Name (Last, First, Middle Initial)				
B. Shang Dai	Date of Receipt			
Mailing Address 1500 Broadway	- Sato of Ficcolpt			
FI 22	MANA (DAD) (AAAAAA	7		
City Stat	Zip Code 06 30 2014	j		
New York NY	10036 Transaction ID : C9114806			
FEC ID number of contributing				
federal political committee.	Amount of Each Descire Mile D			
	Amount of Each Receipt this Period			
Name of Employer Occup	tion 500.00			
Dai & Associates PC Partne		<u>, </u>		
Receipt For: 0044				
Primary General	Cycle-to-Date			
Other (specify)	~~~~~~~~~~~~~~~			
Office (specify)	1000.00			
Full Name (Lock First Mile)				
Full Name (Last, First, Middle Initial)				
c. Angelo J. Lobosco	Date of Receipt			
Mailing Address 4 Pheasant Run				
Ou	06 30 2014			
City State	Zip Code	1		
Butler NJ	07405 Transaction ID : C9109906			
FEC ID number of contributing				
federal political committee.				
	Amount of Each Receipt this Period			
Name of Employer Occup	ion 250 00			
Lobosco Insurance Group Partner	250.00	الب		
Receipt For 2014	0.11.0	,		
Primary General	Cycle-to-Date			
Other (specify)				
	250.00			
		T 127		
SUBTOTAL of Receipts This Page (optional)	3350.00	7		
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TOTAL This Period (last page this line number only)	- " " " " " " " " " " " " " " " " " " "			